

Form F**Kentucky Law Enforcement Council
POPS Form F – Status Update
(Certification – KLEFPF – Training)**

FAX: 859/622-5943
MAIL: Peace Officer Professional Standards
Funderburk Building
521 Lancaster Rd.
Richmond, KY 40475-3102

Telephone Contacts:
POPS: 859/622-6218
KLEFPF/Pay Incentive: 859/622-2224
DOCJT Registration / Training: 859/622-1328

Agency Information:

Name of Law Enforcement Agency () _____ - _____ () _____ - _____
Agency Telephone Number Agency Fax Number

Mailing Address of Agency: _____
Street Address City Zip Code

Agency Chief Executive: _____
Title First M.I. Last

AGENCY # _____

AGENCY TYPE: ☐ Municipal ☐ County ☐ University ☐ Airport ☐ Sheriff ☐ Coroner ☐ State Police ☐ Other _____

Officer Information:

_____-_____-_____/_____/_____
Social Security Number Date of Birth NAME: First M.I. Last

Officer Home Address _____
Street Address City Zip Code

Home Telephone Number: () _____ - _____ Job Title / Rank _____

EDUCATION: ☐ GED ☐ High School Diploma College Hours _____

College Degree(s) _____

LINK/NCIC Criminal History
Checked: ☐ Yes ☐ No

Gender : _____ Race: _____ Height : _____ Weight: _____ Hair: _____ Eyes: _____

Sworn ☐
Non-Sworn ☐

Full-time ☐
Part-time ☐

Auxiliary ☐

Special Deputy ☐
(KRS 70.045)

Court Security ☐
(KRS 70.263)

☐ The above named individual has **TRANSFERRED OUT** of the agency due to:

- ☐ Transfer to another law enforcement agency
☐ Resignation
☐ Retirement, ☐ Entering another field, or ☐ Unknown reasons
☐ Termination Circumstances _____

Effective Date ____/____/____

Additional information on separate sheet: check here ☐

- ☐ Death
☐ Killed in the Line of Duty

☐ The above named individual has **TRANSFERRED INTO** the agency or
is a **NEW HIRE**.

Effective Date ____/____/____
(Employment Date)

☐ Other: _____ Additional information on separate sheet: check here ☐

Agency Hiring Authority Statement:

- ☐ I certify that the above individual is employed as a full time police officer as defined in KRS 15.420(2).
☐ I certify that the above individual is employed as a ☐ full time ☐ part time ☐ sworn ☐ non-sworn employee of this agency.

I hereby verify that the above information is true and accurate. Signed this ____ day of _____, 20____.

Signature of Agency Hiring Authority

Title

Printed Name

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Instructions: This form must be completed for full time officers at agencies participating in KLEFPF whenever the following personnel actions occur: Employment, full-time to part-time, part-time to full-time, separation, leave without pay, or suspension without pay.

Officer Information:

_____-_____-_____/_____/_____/_____
Social Security Number Date of Birth NAME: First M.I. Last

Employment: (KLEFPF Agencies Only)

_____, 19/20_____
Date of Employment

_____/_____/_____/_____/_____
Previous Law Enforcement From To
Agency (Most Recent)

_____/_____/_____/_____/_____
Previous Law Enforcement From To
Agency

_____/_____/_____/_____/_____
Previous Law Enforcement From To
Agency

_____/_____/_____/_____/_____
Previous Law Enforcement From To
Agency

Will this officer be participating in a retirement system? If so:

Name of retirement system

Percentage contributed by city/county

What date will retirement contribution begin?

_____/_____/_____

Termination/Resignation/Retirement:
(KLEFPF Agencies Only)

_____, 20_____
Effective Date

Number of regular working hours if less than a full month:

_____, Hours

Indicate Hours Worked during last month of employment:

Month	Mon	Tue	Wed	Thur	Fri	Sat	Sun
_____ Week 1							
Week 2							
Week 3							
Week 4							
Week 5							

☐ Suspension Without Pay ☐ Sick Leave Without Pay

☐ Leave Without Pay ☐ Other (please explain below)

From: _____, 20____

To: _____, 20____

TOTAL working hours without pay _____

Agency Certification:

I hereby verify that the above information is true and accurate. Signed this _____ day of _____, 20____.

Signature of Law Enforcement Agency Executive

Printed Name of Signer

I hereby verify that the above information is true and accurate. Signed this _____ day of _____, 20____.

Signature of Mayor/Fiscal Officer/City Clerk

Printed Name of Signer